

PATENT
Docket No.: 19603/607 (CRF D-1657C)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) :	Soderlund et al.)	Examiner:	J. Zara
Serial No. :	09/428,371)	Art Unit:	1635
Cnfrm. No. :	4568)		
Filed :	October 28, 1999)		
For :	<u>INSECT SODIUM CHANNELS FROM INSECTICIDE-SUSCEPTIBLE AND INSECTICIDE-RESISTANT HOUSE FLIES</u>			

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR §§ 1.97-1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR §§ 1.97-1.98, applicants hereby bring to the attention of the United States Patent and Trademark Office, the enclosed references listed on the attached PTO-1449 form.

Pursuant to 37 CFR §§ 1.17(p) and 1.97(c), enclosed is a check to cover the \$180.00 filing fee. The Commissioner is hereby authorized to charge any additional fees, or credit any overpayment, to Deposit Account No. 14-1138.

Respectfully submitted,



Andrew K. Gonsalves
Registration No. 48,145

Date: October 17, 2003

NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603-1051

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO
**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(use as many sheets as necessary)

Sheet

1

of

1

Complete if Known

Application Number	09/428,371
Filing Date	October 28, 1999
First Named Inventor	David M. Soderlund
Art Unit	1635
Examiner Name	Jane Zara
Attorney Docket Number	19603/607 (CRF D-1657C)

U.S. PATENT DOCUMENTS

Examiner Initials ¹	Cite No. ¹	U.S. Patent Document Number - Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
JZ	1	US-5,593,862	01/14/1997	Hall et al.	
		US-			

FOREIGN PATENT DOCUMENTS

Examiner Initials ¹	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁵
JZ	2	WO 96/14860	05/23/96	Van Der Ploeg et al.		
	3	WO 96/15220	05/23/96	Liu et al.		

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials ¹	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ⁵
JZ	4	EMBL Accession No. MD38813 (May 10, 1996)	
	5	EMBL Accession No. MD38814 (May 10, 1996)	
	6	SWALL Accession No. Q25439 (November 1, 1996)	
	7	SWALL Accession No. Q25440 (November 1, 1996)	
	8	EMBL Accession No. MDPARA (September 17, 1996)	
	9	SWALL Accession No. Q94615 (February 1, 1997)	
	10	Smith et al., "The L1014F Point Mutation in the House Fly Vssc1 Sodium Channel Confers Knockdown Resistance to Pyrethroids," <i>Insect Biochem. Molcc. Biol.</i> 27(10):807-812 (1997)	
	11	Martinez-Torres et al., "Molecular Studies of Knockdown Resistance to Pyrethroids: Cloning of Domain II Sodium Channel Gene Sequences from Insects," <i>Pesticide Science</i> 51(3):265-270 (1997)	
	12	Warmke et al., "Functional Expression of <i>Drosophila para</i> Sodium Channels: Modulation by the Membrane Protein TipE and Toxin Pharmacology," <i>J. General Physiol.</i> 110(2):119-133 (1997)	
	13	Smith et al., "Actions of the Pyrethroid Insecticides Cismethrin and Cypermethrin on House Fly Vssc1 Sodium Channels Expressed in <i>Xenopus</i> Oocytes," <i>Archives of Insect Biochemistry and Physiology</i> 38:126-136 (1998)	

Examiner Signature

Date Considered

4/20/04

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

HAND-DELIVERED

UTILITY/DESIGN PATENT

(amend/final amend)

Date: 10/20/03

Date of OA:

Rec'd in the U.S. Patent & Trademark Office on the date stamped hereon
via Certificate of Mail:

Case # 19603/100.7 S/N: 09/428,271 Filed: October 28, 1999

Pg. # _____ Issued: _____

Examiner: Jane Para

Art Unit: 16035

Batch:

Atty: A. Leonashev

Applicant: Soderlund et al.

Title: INSECT SODIUM CHANNELS FROM INSECTKIDE-SUSCEPTIBLE

Re-Exam Control # _____

VERIFIED BY: Asst: (Signature)

Quality Control:

- Transmittal Sheet in duplicate Amendment in _____ pgs.
 Mo. Ext. Time in dupc. Change of Address
 Request for Drawing Changes Small Entity Statement
 Drawings in _____ pgs. Assignment in _____ pgs.
 \$ 180 - Check for Amended Information Check for Astig.
 Issue Per Trans. in duplicate Discard Enclosure Issue Per/Soft Copies
 Information Disclosure Statement PTO-1449 in duplicate with 13 Reference(s)
 Fee Transmitted (1 page) in duplicate

FORM

(to be used for all correspondence after initial filing)

FORM <i>(to be used for all correspondence after initial filing)</i>		First Named Inventor	David M. Soderlund
		Group Art Unit	1635
		Examiner Name	Jane Zara
Total Number of Pages in This Submission	5 and cited references	Attorney Docket Number	19603/607 (CRF D-1657C)

ENCLOSURES *(check all that apply)*

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached

<input type="checkbox"/> Amendment / Reply <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/
Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers
(for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Declaration and Power of Attorney
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="margin-top: 10px;">PTO-1449 Form (1 page) (in duplicate)
13 cited references</p> |
|---|---|--|

Remarks

- The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Andrew K. Gonsalves, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1658 Fax: (585) 263-1600
Signature	
Date	October 17, 2003
	Registration No. 48,145

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
 - transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date

Signature

FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

FILING FEE INFORMATION	AVAILABILITY INFORMATION
Examiner Name	Jane Zara
Art Unit	1635
Attorney Docket No.	19603/607 (CRF D-1657C)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s)
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid
Fee Code	(\\$)	Fee Code	(\\$)		
1001	770	2001	385	Utility filing fee	
3002	340	2002	170	Design filing fee	
1003	330	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		.20** =	[] X []	= 0
Independent Claims		.3** =	[] X []	= 0
Multiple Dependent			X []	= 0

Large Entity	Fee	Small Entity	Fee	Fee Description
Fee Code	(\\$)	Fee Code	(\\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee Code	Fee
(\\$)	(\\$)	(\\$)	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	930	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
		Other fee (specify)	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180)

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

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Date

Signature

Typed or printed name